

State of Idaho DIVISION OF PUBLIC WORKS COMMISSIONING AGENT REQUEST FOR PAYMENT SUBMIT ONE ORIGINAL				DPW PROJECT NO. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">CODE</td> <td>AMOUNT</td> </tr> <tr> <td style="text-align: center; vertical-align: top;"> CS CR </td> <td style="height: 100px;"></td> </tr> </table>		CODE	AMOUNT	CS CR	
CODE	AMOUNT								
CS CR									
Name and Location of Project				DATE					
Name and Address of Agent									
Request No.		For Period							
		TO							
A. BASIC SERVICES									
DESCRIPTION OF ITEM (1)	AGREEMENT AMOUNT (2)	% COMP (3)	AMOUNT OF SERVICE COMPLETE (4)	PREVIOUS PAYMENTS (5)	DUE THIS APPLICATION (6)				
TOTAL OF BASIC SERVICES COLUMNS									
B. REIMBURSABLE EXPENSES									
DESCRIPTION OF ITEM	AMOUNT AUTHORIZED								
TOTAL OF REIMBURSABLE COLUMNS									
C. TOTAL BASIC AND REIMBURSABLE									
ANALYSIS OF WORK PERFORMED									
Amount of Basic Services completed to date (line A4) \$ _____									
Amount of Reimbursable Expenses to date (line B4) \$ _____									
Total amount of work performed to date (line C4) \$ _____									
Less: Amount of previous payment (line C5) \$ _____									
BALANCE DUE THIS APPLICATION (line C4 minus line C5) \$ _____									
CERTIFICATION OF ARCHITECT/ENGINEER									
I certify that the foregoing is just and correct and the amount claimed is legally due after showing all just credits.									
Requested by Commissioning Agent				Date					
I certify that I have reviewed the above application. To the best of my knowledge, it is in accord with contract requirements and the estimated quantities are correct.									
Recommended by DPW Project Manager				Date					
Approved by Senior Project Manager				Date					

Original: Fiscal Copies to: A/E, DPW Contract File, DPW PM